



# State of New Hampshire 2006 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2006

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/31/2006

Business ID: 155422

William M. Gardner

Secretary of State

MCKESSON MEDICAL-SURGICAL MEDIMART INC.

8121 10TH AVEN

GOLDEN VALLEY , MN 55427

ADDRESS OF PRINCIPAL OFFICE:

8121 10TH AVEN

GOLDEN VALLEY , MN 55427

REGISTERED AGENT AND OFFICE:

PRENTICE-HALL CORPORATION SYSTEM, INC.

SYSTEM INC , 14 CENTRE ST

CONCORD , NH 03301

ENTITY TYPE: CORPORATION

BUSINESS ID: 155422

STATE OF DOMICILE: MINNESOTA

PROVIDE PRODUCTS & SERVICES TO MEDICARE BENEFICIARIES,  
MANAGED CARE ORGANIZATIONS & HEALTH CARE PROVIDERS

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

## OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

ASSI. Glenette E Babb

STREET One Post Street

CITY/STATE/ZIP San Francisco Ca 94104

ASSI. William H Brennan

STREET One Post Street

CITY/STATE/ZIP San Francisco Ca 94104

OTHE. MELISSA WU

STREET ONE POST STREET

CITY/STATE/ZIP San Francisco CA 94104

ASSI. Anne J Shuford

STREET One Post Street

CITY/STATE/ZIP San Francisco Ca 94104

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

## BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Kristina Veaco

STREET One Post Street

CITY/STATE/ZIP San Francisco Ca 94104

DIR. Nicholas A Lolocono

STREET One Post Street

CITY/STATE/ZIP San Francisco Ca 94104

DIR. BRIAN S TYLER

STREET 4343 N. SCOTTSDALE ROAD, SUITE 150

CITY/STATE/ZIP SCOTTSDALE AZ 85251

NAME .....

STREET .....

CITY/STATE/ZIP .....

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

MELISSA WU

Please print name and title of signer:

MELISSA WU

/

OTHER

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529

# 2006 ANNUAL REPORT

## NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS:

### **ASSISTANT SECRETARY**

WILLIAM E WAGSTAFF  
ONE POST STREET  
SAN FRANCISCO, CA 94104

### **VICE PRESIDENT**

KRISTINA VEACO  
ONE POST STREET  
SAN FRANCISCO, CA 94104

### **SECRETARY**

KRISTINA VEACO  
ONE POST STREET  
SAN FRANCISCO, CA 94104

### **VICE PRESIDENT**

NICHOLAS A LOIACONO  
ONE POST STREET  
SAN FRANCISCO, CA 94104

### **TREASURER**

NICHOLAS A LOIACONO  
ONE POST STREET  
SAN FRANCISCO, CA 94104

### **VICE PRESIDENT**

GAIL BESKE  
8121 10TH AVENUE N  
GOLDEN VALLEY, MN 55427

### **VICE PRESIDENT**

BILL BLANCHFILL  
8121 10TH AVENUE N  
GOLDEN VALLEY, MN 55427

### **PRESIDENT**

LAWRENCE J BURKE  
8741 LANDMARK ROAD  
RICHMOND, VA 23228

### **OTHER**

LAWRENCE J BURKE  
8741 LANDMARK ROAD  
RICHMOND, VA 23228

### **OTHER**

JAMES H HUMPHREY  
601 E. CORPORATE DRIVE  
LEWISVILLE, TX 75057